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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

294

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No.

Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Arizona State Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 yr. 4m. 26d. In Community 1 yr. 4m. 26d. In Arizona 16 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Pima (c) City or Town Tucson
(If outside city limits also write RURAL)
(d) Street No. 200 East 29th. Street (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. _____
3. (a) FULL NAME Emma Hopper (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex F 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced widow

6. (b) Name of husband or wife Hopper 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased August 15 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 11 If less than one day hrs. _____ min. _____

9. Birthplace Winnebago County, Iowa
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

12. Name E. O. Halverson

13. Birthplace Dane County, Wisconsin
(City, town or county) (State or Country)

14. Maiden Name Severine Nelson

15. Birthplace Fairbault County, Minn.
(City, town or county) (State or Country)

16. (a) Informant's own signature Arizona State Hospital
(b) Address (Records)

17. (a) Burial, Cremation or Removal Removal

(b) Place Tucson (c) Date 5/27/47

18. (a) Embalmer's Signature Thomas J. Brown

(b) Funeral Director Thomas J. Brown

(c) Address Thomas J. Brown

19. (a) MAY 27 1947
(Date received Local Registrar)

(b) W. H. D. Dwyer
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 26, 1947,
TIME (Hour and minute) 9:50 P.M.

21. I hereby certify that I attended the deceased from December 31, 1945 to May 26, 1947,
that I last saw her alive on May 26, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arterio
sclerosis

Due to _____

Due to _____

Other conditions Pellagra
(Include pregnancy within three months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Rhoda G. Musgrave M. D.

Address _____ Date signed May 26 - 47